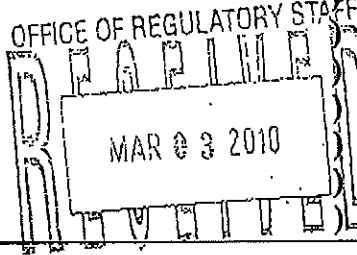


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

APPLICATION FOR: Class C Taxi Certificate from  
Yellow-Deluxe Cab Co. LLC



BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 93 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lydia W. Jewell

Telephone: 864-583-2724

Address: Yellow-Deluxe Cab Co. LLC

Fax: 864-583-2220

149 Hall Street

Other: 864-921-8592

Spartanburg, SC 29302

Email: yellowdeluxecab@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

COPY  
Filed: led  
Date: S.A.  
Date: 3/4/10  
Time: 10:10

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED  
MAR 03 2010  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

905

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

**RECEIVED**

MAR 3 2010

Date: February 25, 2010

CLASS C - TAXI

**ORS**  
**T.T.W.W.W**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Yellow-Deluxe Cab Co. LLC

149 Hall Street, Spartanburg, SC 29302

Street Address of Applicant

Mailing Address of Applicant if different from street address

864-583-2724

Phone

864-583-2220

Fax

yellowdeluxecab@aol.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

LLC, one principal - Lydia W. Jewell - President

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 12 Year 2009

**Assets:**

Cash	2,000
Receivables	6,658
Real Estate	225,000
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	64,500
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	200
Prepays and Other Assets	139,515
<b>Total Assets</b>	<b>437,873</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	2,475
Notes Payable	93,367
Mortgages Payable	108,000
Equipment Obligations	3,300
Accrued Salaries and Wages	0
Other Accrued Obligations	
Other Liabilities	14,253
<b>Total Liabilities</b>	<b>221,395</b>
Capital Stock	2,000
Retained Earnings	11,679
<b>Total Equity</b>	<b>214,478</b>
<b>Total Liabilities and Equity</b>	<b>437,873</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$3.90 / Load \$1.30 per mile City Limits (\$4.90 / Load \$1.30 per mile after 9:00 pm)

Counties to be Served:

All counties in South Carolina

Maximum Number of Passengers per Vehicle:

5

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Yellow-Deluxe Cab Co. LLC

Name of Motor Carrier

149 Hall Street, Spartanburg, SC 29302

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 5,408.00

Limits \$25,000 / \$50,000 / \$25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Markel Insurance - Kimbrell Insurance Company

Name of Insurance Company

1300 Indian Well Court Murrells Chlet, SC 29576

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/1/2010

Date

Rera M Thomas

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Yellow-Deluxe Cab Co. LLC  
Name of Applicant

---

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

\* Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

Lydia W. Jewell  
Applicant's Signature

I, Lydia W. Jewell, President / Owner  
Name of Applicant's Representative Title

of Yellow-Deluxe Cab Co. LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lydia W. Jewell  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 20th day of March, 2010

Cheryl H. Readings  
Notary Public

Commission Expires 5-21-14

# *The State of South Carolina*



Copy

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

YELLOW-DELUXE CAB CO. LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 18th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
23rd day of February, 2010.

*Mark Hammond*  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL FILED IN OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

Copy

FEB 18 2010

ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00

~~SECRETARY OF STATE~~  
**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Yellow-Deluxe Cab Co. LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

149 Hall Street

	Street Address	
Spartanburg	SC	29302
City		Zip Code

3. The initial agent for service of process is

Lydia W. Jewell

Lydia W. Jewell

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2345 Pecan Drive

	Street Address	
Spartanburg	SC	29307
City		Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Lydia W. Jewell

Name

2345 Pecan Drive

Street Address

Spartanburg

SC

29307

City

State

Zip Code

- (b)

Name

Street Address

City

100223-0031

FILED: 02/18/2010

YELLOW-DELUXE CAB CO. LLC

Filing Fee: \$110.00 ORIG

Zip Code

Form Revised by South Carolina  
Secretary of State, December 2009

Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Lydia W. Jewell  
Signature of Organizer

2-12-2010  
Date

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date